

**APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
GIFT ANNUITY**



State of Wisconsin  
Office of the Commissioner of Insurance  
125 South Webster Street  
P. O. Box 7873  
Madison, WI 53707-7873  
(608) 266-3585

Ref: Ch. 615, Wis. Stat.

Federal Employer's Identification No. \_\_\_\_\_

On behalf of \_\_\_\_\_ which was  
duly organized under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
application is hereby made for a Certificate of Authority to receive gifts of money or other property conditional upon or  
in return for its agreement to pay an annuity to the donor or his nominee or both pursuant to ch. 615, Wis. Stat. In  
support thereof, the following information and documentary evidence is submitted;

Name of Organization _____		
Street Address _____		
City _____	State _____	Zip + 4 _____
Telephone Number _____		
Type of Organization (Check One)  <input type="checkbox"/> Domestic Nonstock Corporation (Domiciled in Wisconsin)  <input type="checkbox"/> Foreign Nonstock Corporation (Domiciled Elsewhere in U.S.)		
Name of Attorney or Principal Filing this Application _____		
Street Address _____		
City _____	State _____	Zip + 4 _____
Telephone Number _____		

I do solemnly swear to affirm that I am familiar with the laws of Wisconsin relating to Gift Annuity Agreements; that all the foregoing information and documentary evidence submitted is true and correct to the best of my knowledge and belief.

Signature of Applicant Representative _____	Title _____
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Subscribed and Sworn To Before Me This

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

OCI 21-003 (R 08/2003)